REQUEST FOR PROPERTY INSURANCE – STATE RISK INSURANCE SERVICE DIVISION FORM FTR-10 (07-08)
NAME OF ENTITY REQUESTING INSURANCE:CERTIFICATE #:
ENTITY DIVISION? (Park, District, Etc.): MARS REAL PROPERTY (Required) #:
I. BUILDING INFORMATION
STRUCTURE NAME: STREET/ROAD:
CITY: ZIP: COUNTY: DATE ACQUIRED:
STRUCTURE LOCATED IN INCORPORATED AREA? YES NO
SELECT STRUCTURE TYPE: IF OTHER, PLEASE EXPLAIN:
STRUCTURE USE: SPRINKLERS: (CHECK ONE) NONE ; FULL ; PARTIAL
YEAR CONSTRUCTED: NUMBER OF MILES TO NEAREST FIRE STATION: NUMBER OF ELEVATORS:
 CONSTRUCTION TYPE (CHECK # BELOW) 1. Frame - Built of wood or other combustible materials, including construction where combustible materials are combined with other materials, such as brick veneer. 2. Joisted Masonry - Exterior walls are constructed of masonry materials such as brick, concrete, gypsum block, or with similar non-combustible materials and where the floors and roof are combustible. 3. Non-Combustible - Exterior walls, floor, and roof are constructed of, and supported by, non-combustible materials such as metal or gypsum but lacking the fire proofing of Item #5 below. 4. Masonry Non-Combustible - Exterior walls are constructed of masonry materials, as described in Item #2, with the floors and roof of metal or other non combustible materials. 5. Modified Fire Resistive - Noncombustible materials providing at least one-hour fire resistance but not more than two hours. 6. Fire Resistive - Built with noncombustible materials and protected with maximum fireproofing with a fire resistance rating of not less than two hours. 7. Other - Describe:
DOES STRUCTURE HAVE BASEMENT? YES NO IF YES, IS BASEMENT FINISHED? YES NO
NUMBER OF FLOOR LEVELS INCLUDING BASEMENT: *SQUARE FOOTAGE (Required):
* ENTER THE ACCUMULATED GROSS SQUARE FEET (outside dimension of each floor level including basement).
DESCRIBE ANY ALARM SYSTEMS:
TYPE OF HEATING (CHECK ALL THAT APPLY): UNHEATED; ELECTRIC; GAS FURNACE; OIL FURNACE; SPACE HEATER;
STEAM BOILER; HOT WATER BOILER; OTHER:
DOES BUILDING HAVE BOILER AND MACHINERY ITEMS TO INSURE? YES NO (If so, provide a complete description of each item including make, model, size and serial number. This can be done as a separate attachment.)
HAS LOCATION BEEN SUBJECT TO PAST FLOOD DAMAGE? YES NO UNDERGROUND COAL MINE SUBSIDENCE? YES NO
IS THIS BUILDING IN THE FLOOD PLAIN? YES NO IF YES, PROVIDE THE COMMUNITY NO AND PANEL NO *This information can be obtained by contacting Department for Environmental Protection, Division of Water at (502) 564-3410.
II. AMOUNT OF INSURANCE INSURANCE AMOUNT: BUILDING: \$ CONTENTS: \$
DOES LOCATION PRODUCE REVENUE? YES NO IF YES, SOURCE: *ANNUAL: \$ *Business Income and Extra Expense Coverage is available for purchase to agencies that have this exposure. III. AGENCY CONTACT INFORMATION
INDIVIDUAL COMPLETING REQUEST: PHONE NO
PERSON TO CONTACT AT PREMISES: PHONE NO
COMMENTS:
TO E-MAIL YOUR COMPLETED FORM TO US, PLEASE CLICK ON (FILE), (SEND TO), AND THAN (MAIL RECIPIENT). ENTER OUR E-MAIL ADDRESS AS: StevenM Still@ky gov